Getting to know disabled people

When meeting disabled people, especially for the first time, don’t worry about saying the ‘wrong’ thing or acting ‘correctly’. Be yourself. This is much more likely to be a positive start to the relationship than if you appear awkward or patronising.

Use common sense:

- Listen to how disabled people talk about their abilities and experiences
- Observe their behaviour
- Be guided by the ways in which other people interact with them
- Listen to the language and terminology disabled people use
Listen to the language used by others
Most importantly - talk to disabled students! Ongoing dialogue will help them to feel welcome and supported and will help you to learn about their issues

**Example**

A deaf student who has diabetes said:
“My confidence slowly came up as I had extremely good clinicians who never assumed anything of me and asked me questions about my deafness, which I felt helped our working relationship.”

**Language and terminology**

The language we use influences how we think of people and situations. Using the language of the Medical Model encourages us to see disability as a ‘problem’ that should be dealt with by the disabled person. The Social Model uses language that locates the ‘problem’ within social “attitudes, systems and practices” that act as barriers to full participation (Rose, 2006 p5).

Health care workers tend to use medicalised language because of the type of work they do. Disabled people are sometimes seen as vulnerable and dependent; being viewed and labelled like patients with diagnoses e.g. ‘an epileptic’ or ‘a dyslexic’. They are not necessarily thought of as colleagues who are contributing to the delivery of health care.

**Example**

On being asked: “What do you think is the most challenging issue in relation to disability and qualifying AHP programmes?” one academic member of staff said:
“Gaining a change in culture both from academic and placement staff. We are health professionals and some find it difficult to accept that a therapist does not have to be ‘absolutely normal’ / a role model of health. This cultural change needs to occur in academia and practice. The social model rather than the medical model should be used.”

The Social Model uses language that celebrates diversity and emphasises independence, choice, empowerment and rights. There is general agreement on what is appropriate language although disabled people will have individual preferences. Take a lead from them.
Impairment and disability - definitions

- “Impairment is the physical, mental or sensory characteristic, feature or attribute that affects the function of an individual’s mind or body.

- “Disability is the loss or limitation of opportunities to take part in society on an equal level due to social, attitudinal and environmental barriers such as inaccessible buildings, inflexible organisational procedures and patronising or negative attitudes” (Rose, 2006 p5)

So:

Medical Model approach

‘I am visually impaired’ and therefore ‘I have a disability’ - the disabled person has the problem

as opposed to:

Social Model approach

‘I have a visual impairment’ and therefore ‘I am disabled’ - the person is disabled by socially created barriers.

One recognised exception:

‘I am Deaf’ (with a capital ‘D’) is often used by people who are proud to belong to the Deaf community. They use British Sign Language as their first or preferred language. The term ‘deaf’ may either be used by people whose hearing has deteriorated over time or by those people who both speak and lip-read.

See overleaf for table of terminology
## Terms considered to be acceptable include

<table>
<thead>
<tr>
<th>Terms considered to be acceptable include</th>
<th>Terms considered to be unacceptable include</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled person/person with a disability</td>
<td>Handicapped person</td>
</tr>
<tr>
<td>Disabled people/ people who are disabled</td>
<td>The disabled/the handicapped</td>
</tr>
<tr>
<td>Non disabled</td>
<td>Able bodied/normal</td>
</tr>
<tr>
<td>Different/unusual</td>
<td>Abnormal</td>
</tr>
<tr>
<td>I have X impairment e.g. I have a physical impairment</td>
<td>I am X impaired e.g. I am physically impaired</td>
</tr>
<tr>
<td>Blind people</td>
<td>The blind</td>
</tr>
<tr>
<td>People who have a visual impairment</td>
<td>People who are visually impaired/have serious sight problems/loss</td>
</tr>
<tr>
<td>Deaf/deaf people</td>
<td>The Deaf/deaf</td>
</tr>
<tr>
<td>Hard of hearing</td>
<td>Hearing impaired/impairment</td>
</tr>
<tr>
<td>S/he has dyslexia</td>
<td>S/he is dyslexic</td>
</tr>
<tr>
<td>Mental health condition/issues/service user</td>
<td>Mental health problems, mental retardation</td>
</tr>
<tr>
<td>X is affected by</td>
<td>X is afflicted/crippled with; suffers from; is a victim of</td>
</tr>
<tr>
<td>Condition</td>
<td>Disorder</td>
</tr>
<tr>
<td>The effects of a condition</td>
<td>The symptoms of a condition</td>
</tr>
<tr>
<td>Specific learning difficulty</td>
<td>Special educational needs, mentally retarded</td>
</tr>
<tr>
<td>Physical disability</td>
<td>Physical handicap/invalid</td>
</tr>
<tr>
<td>People who have particular requirements</td>
<td>People who have special needs</td>
</tr>
<tr>
<td>Disabled customer/service user</td>
<td></td>
</tr>
<tr>
<td>Wheelchair user</td>
<td>Wheelchair bound/confined</td>
</tr>
<tr>
<td>Facilities accessible to wheelchair users (toilets; parking: for blue badge holders)</td>
<td>Disabled facilities/facilities for the disabled (toilets; parking)</td>
</tr>
<tr>
<td>Personal assistant; support worker/enabler/resourcer</td>
<td>Carer/helper</td>
</tr>
<tr>
<td>Telling people about a disability</td>
<td>Disclosing a disability</td>
</tr>
<tr>
<td>School/college for people who are blind/partially sighted/visually impaired/Deaf</td>
<td>The blind/Deaf school/college</td>
</tr>
</tbody>
</table>
NB:

- Hard of hearing/deaf: describes lip-readers who may have residual hearing
- Deaf: describes people who belong to a Deaf community and use sign language
- Specific learning difficulties: describes people who have a range of issues including dyslexia, dyscalculia or dyspraxia (now also described as forms of neurodiversity)
- Any word that replaces a person’s identity is often considered to be inappropriate: someone has an impairment and is not ‘a dyslexic’ or ‘an epileptic’
- Special needs: disabled people are not ‘special’ and therefore do not have ‘special needs’
- Phrases such as ‘blind as a bat’; ‘deaf as a post’ are unacceptable

Don't feel embarrassed about using terms that have associations with a student’s impairment.

Examples:

- ‘see’ and ‘look’ - in the context of visual impairment
- ‘walk’ and ‘run’ in the context of physical impairment

Example

A student who has a visual impairment told his tutors that in practical sessions he was quite happy to be asked to “Come and have a look at this” during demonstrations. He explained that this meant that he didn’t miss out on detail that other students could observe. He noted that it was unhelpful when staff said “you put your hand there” or “position yourself like this” as this meant nothing to him because he was unable to see them.

Meeting disabled people

You should:

- Not make assumptions about the presence/absence/effect of an impairment
- Communicate in advance of the meeting (if possible)
- Offer assistance
- Ask what kind of assistance would be most useful
- Avoid giving assistance before your offer has been accepted
Allied Health Professions Support Service
Factsheet 4: Disability – Language and Terminology

- Not be offended if your assistance is refused
- Listen to the person’s instructions/comments
- Make physical contact where this is appropriate e.g. guiding the hand of a blind person to the back of the chair, offering your arm if they ask you to guide them
- Talk directly to the disabled person and not through a third party: ‘does s/he take sugar’
- Speak clearly: don’t shout
- Make eye contact
- Respect confidentiality, privacy and personal boundaries/space

Disability awareness training

General discussion always helps to give insights into how to interact with disabled people. Even after participating in training, it is always advisable to check with the disabled person as to what would be most helpful. Some specific training may be needed: e.g. how to guide a blind person or the use of sign language.

An example of a training session

Two trainers: one disabled

1. In small groups: 15 minutes discussion on basic communication strategies with a deaf student who used lip reading. Note points on flipchart.

2. Plenary session: the following points were noted:
- Face student when talking
- Speak words clearly
- Attract student’s attention before speaking
- Keep objects/hands away from the face
- Don’t turn the lights off in lecture room
- Try to control background noise
- Provide lecture materials in advance
- During demonstrations the students can either look at what you are doing OR what you are saying – not both
- Facilitate the use of support worker/note taker in class if required
- Student to give feedback on accessibility of future classes
- Practice to be modified accordingly
Hidden disabilities

Not all impairments are obvious. Some students may, however, be significantly affected by these.

Examples include some people who have/are:

- Some recognised conditions e.g. epilepsy, diabetes, asthma
- Forms of neurodiversity
- Some visual impairments
- Hard of hearing
- Mental health conditions

The impact of an impairment may vary, depending on:

- Environment (e.g. differing lighting or noise levels)
- Time of day (e.g. if effects of medication or fatigue are issues or reduced light levels at night)
- Nature of the task being undertaken (e.g. practical as opposed to written activities)
- Social/psychological factors

Don't be surprised if people behave differently in these situations.

- A registered blind person may find it easy to get around during the day but might need assistance at night
- A person who has dyslexia may describe a patient clearly and concisely but have difficulty writing this information in the notes

Your practice should be inclusive. This ensures participation by everyone.

References


Web links

There are many publications that offer guidance on appropriate behaviour and communication with disabled people.
A National Framework for Disability Equality and Etiquette Learning has been developed and is available at: http://www.health.heacademy.ac.uk/doc/resources/deelnationalframework2007.pdf/view

The BBC offers some useful tips and advice on how best to welcome learners with a range of different impairments at: http://www.bbc.co.uk/ictcoach/accessibility/dle_p1.shtml

SCIPS (Strategies for Creating Inclusive Programmes of Study) is the result of an HEFCE-funded project conducted at the University of Worcester: http://www.scips.worc.ac.uk/

The disability etiquette guidance from SCIPS, including useful suggestions on language and common courtesies, is at: http://www.scips.worc.ac.uk/etiquette.html

The Employers’ Forum on Disability also publishes a Disability Communications Guide on language and etiquette, specific impairments and preferred modes of assistance, and how to recognise and avoid attitudes and behaviour that can create misunderstandings and barriers: http://www.efd.org.uk/publications/disability-communication-guide

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Acknowledgment

The Allied Health Professions Support Service (AHPSS) was launched in 1991 in response to the closure of the Royal National Institute for Blind People’s (RNIB) School of Physiotherapy which catered exclusively for visually impaired students. AHPSS’s remit was to provide support to disabled allied health profession students in mainstream higher education in the UK. It also offered information, advice and specialised disability awareness training to academic and practice-based staff.

In 2002, AHPSS staff were invited by the Chartered Society of Physiotherapy (CSP) to join a team of specialists to produce a training manual specifically designed to provide guidance for practice based staff in supporting disabled students on practice based placements. The document: “Supporting Physiotherapy Students on Clinical Placement”, was published in 2004 and received very positive feedback from all stakeholders.

By 2007, it was evident that the document needed updating in response to UK legislative and technological changes and the increasing use of online information. Following discussions with CSP staff, it was agreed that the AHPSS team (Jane Owen Hutchinson, AHPSS Manager and Karen Atkinson, Senior Lecturer and Manager of the RNIB Resource Centre at the University of East London), would take on this project.

Between 2007 and 2010, considerable time was spent in obtaining feedback from a wide range of stakeholders regarding the content and format of the future document. Whist it was unanimously agreed that it should be available in both hard copy and electronically, all staff identified the importance of being able to access some of the specific guidance on disability management from the AHPSS website.

"Into Physiotherapy" was published by the CSP and RNIB in 2010. Thirteen related information sheets were subsequently uploaded onto the AHPSS website (between 2010 and 2013), at which point the AHPSS was decommissioned by NHS London. As a result of the positive feedback these fact sheets received and requests from a number of organisations, Jane Owen Hutchinson and Karen Atkinson have given permission for these materials to continue to be available online.